



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000002

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILTON POST #114 AMERICAN LEGION

DOING BUSINESS AS

ADDRESS 123 GRANITE AVE.

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: TERRELL,
ROBERT F.

TYPE OF LICENSE: Veterans club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO STORY FRAME BLDG AT 114 GRANITE AVE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000003

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WOLLASTON GOLF CLUB

DOING BUSINESS A

ADDRESS 999 RANDOLPH AVE.

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: Shaughnessy,
Richard G.

TYPE OF LICENSE: Club

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

CLUB HOUSE, FIRST AND SECOND FLOORS, INCLUDING DINING ROOM, LOUNGE AND
CARD ROOM, GRILL ROOM, BAR DECK, MENS AND WOMENS LOCKER ROOM AND
WOMENS LOUNGE, PRO SHOP, TERRACE AND POOL TERRACE

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EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000004

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NPP, INC

DOING BUSINESS A CENTRAL LIQUOR MART

ADDRESS 26 CENTRAL AVENUE

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: PATEL, ANILA
SHAILESH

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG WITH A CELLAR FOR STORAGE AND TWO ROOM ON THE FIRST FLOOR, ONE FOR SELLING AND A REAR ROOM FOR STORAGE

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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DISAPPROVED: ☐

(If disapproved explain)

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000005

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DELANEY LIQUORS, INC.

DOING BUSINESS AS EAST MILTON WINE & SPIRITS

ADDRESS 368 GRANITE AVE

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: DELANEY,
CHRISTOPHER S.

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO ROOMS ON STREET FLOOR, CELLAR FOR STORAGE. ENTRANCE AND EXIT ON GRANITE AVE

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 072000006

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

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LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: ESPRIT DU VIN INC

DOING BUSINESS AS

ADDRESS 25 CENTRAL AVE

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: MILLS, KEITH P. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

800 SQ FT BRICK BUILDING ON THE CORNER OF ELIOT ST AND CENTRAL AVE.

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000007

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILTON FULLER HOUSING CORP.

DOING BUSINESS AS FULLER VILLAGE

ADDRESS 1399 BLUE HILL AVENUE

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: FELTON, DEBORA TYPE OF LICENSE: Restaurant
H

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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DISAPPROVED: ☐

(If disapproved explain)

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DATE:

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LICENSE NUMBER: 072000008

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE FRUIT CENTER INC.

DOING BUSINESS AS

ADDRESS 10 BASSETT STREET

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: MIGNOSA,
MICHAEL V.

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

13000 S/F FOOD RETAIL STORE.

I hereby certify and swear under penalties of perjury that:

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2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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LICENSE NUMBER: 072000009

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: THE MILTON HOOSIC CLUB, INC

DOING BUSINESS AS THE MILTON HOOSIC CLUB

ADDRESS 193 CENTRAL AVE

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: LAMB, PATRICIA TYPE OF LICENSE: Club
A.

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000010

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILTON FULLER HOUSING CORP

DOING BUSINESS AS

ADDRESS 1372 BRUSH HILL RD

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: DELTON,
DEBORAH

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

I hereby certify and swear under penalties of perjury that:

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3. the premises are now open for business (If not explain below)

SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000011

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WHARF STREET RESTAURANT GROUP LLC

DOING BUSINESS A WHARF STREET GRILL

ADDRESS 88 WHARF STREET

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: collins, john

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

3400 SQ. FT. RESTAURANT ON THE FIRST FLOOR OF A MIXED USE CONDOMINIUM
BUILDING including a patio of 2720 square feet

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000012

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: WELCH RESTAURANT MANAGEMENT LLC

DOING BUSINESS AS ABBY PARK

ADDRESS 550 ADAMS STREET

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: WELCH, VANCE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO FLOOR MERCANTILE BUILDING APPROXIMATELY 3400 SQUARE FEET ON EACH OF THE FIRST FLOOR AND BASEMENT WITH SEATING FOR 160 PATRONS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000013

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: B&D ICHIRO, INC.

DOING BUSINESS AS ICHIRO SUSHI

ADDRESS 538A ADAMS STREET

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: LIANG, LI FAN

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR PREMISES CONSISTING OF 900 SQ.FT. OF SPACE LOCATED 538A ADAMS STREET, MILTON, CONTAINING A DINING ROOM WITH A SEATING CAPACITY OF 21 AND A KITCHEN WITH ENTRANCE IN THE FRONT AND EGRESS IN THE REAR

I hereby certify and swear under penalties of perjury that:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 072000014

CITY OR TOWN MILTON

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MILTON'S OPUS, LLC

DOING BUSINESS AS

ADDRESS 95 ELIOT STREET

CITY/TOWN: MILTON

STATE: MA

ZIP CODE: 02186

MANAGER: KERRIGNA,
DANIEL P.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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